

## **Supplemental Application Data Sheet**

### **Application Information**

Application number::	<u>10/590,900</u>
Filing Date::	<u>08/28/06</u>
Application Type::	Regular
Subject Matter::	Utility
Suggested Group Art Unit::	Not Yet Assigned
CD-ROM or CD-R?::	None
Sequence submission?::	None
Computer Readable Form (CRF)?::	No
Title::	A METHOD OF PROVIDING A PURIFIED, VIRUS SAFE ANTIBODY PREPARATION
Attorney Docket Number::	37998-237524
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	1
Total Drawing Sheets::	3

## **Applicant Information**

Applicant Authority Type::	Inventor
Primary Citizenship Country::	AT
Status::	Full Capacity
Given Name::	Andrea
Family Name::	Buchacher
City of Residence::	Wien
Country of Residence::	AT
Address-1 of Mailing Address::	<del>Saliergasse 18/5</del> <u>Thimiggasse 25/11</u>
Address-2 of Mailing Address::	
City of Mailing Address::	Wien
State of Mailing Address::	
Postal Code of Mailing Address::	A-1180
Country of Mailing Address::	AT

Applicant Authority Type::	Inventor
Primary Citizenship Country::	AT
Status::	Full Capacity
Given Name::	Günther
Family Name::	Iberer
City of Residence::	Vösendorf
Country of Residence::	AT
Address-1 of Mailing Address::	Lindengasse 5/5/8
Address-2 of Mailing Address::	
City of Mailing Address::	Vösendorf
State of Mailing Address::	
Postal Code of Mailing Address::	A-2331
Country of Mailing Address::	AT

Applicant Authority Type::	Inventor
Primary Citizenship Country::	Austria
Status::	Full Capacity
Given Name::	Jürgen
Family Name::	Römisch
City of Residence::	Gramatneusiedl
Country of Residence::	AT
Address-1 of Mailing Address::	Beerengasse 1
Address-2 of Mailing Address::	
City of Mailing Address::	Gramatneusiedl
State of Mailing Address::	
Postal Code of Mailing Address::	A-2440
Country of Mailing Address::	AT

### **Correspondence Information**

Correspondence Customer Number::	<u>26111 26694</u>
<u>Phone number::</u>	<u>(202) 344-4000</u>
<u>Fax number::</u>	<u>(202) 344-8300</u>
<u>E-Mail address::</u>	<u>ptomail@venable.com</u>

### **Representative Information**

<u>Representative Customer Number::</u>	<u>26694</u>
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**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
<u>This application</u>	This is a National Stage of	PCT/EP2005/050812	February 25, 2005
60/548,107	An application claiming the benefit under 35 USC 119(3)		February 27, 2004

**Foreign Priority Information**

Country::	Application number::	Filing Date::	Priority Claimed::

**Assignee Information**

**Assignee Name::** Octapharma AG  
**Street of Mailing Address::** Siedenstrasse 2  
**City of Mailing Address::** Lachen  
**State or Province of Mailing Address::**  
**Country of Mailing Address::** CH  
**Postal or Zip Code of Mailing Address::** CH-8853